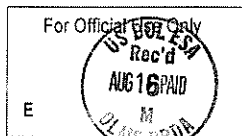


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7739	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Daniel McKay P.O. Box, Bldg., Room No., if any Street 4220 Veranda City St. Louis State Missouri ZIP Code + 4 63129-2040	4. Name, file number, and address of labor organization. Name Teamsters Local 600 Labor Organization File Number 026-065 P.O. Box, Building and Room Number, if any Street 161 Weldon Parkway City Maryland Heights State Missouri ZIP Code + 4 63043
5. Position in labor organization. President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name John Graves - Labor Relations Trade Name, if any: Yellow Transportation P.O. Box, Bldg., Room No., if any Street 3500 Booth St. City Kansas City State Missouri ZIP Code + 4 64129	7.a. Nature of Interest, Transaction, or Income. Meals and beverages for various union and company labor reps at monthly and quarterly grievance meetings under Article 20 of the NMFA (Union and Employer Cooperation). Amounts unknown but I would assume the meals were approx. \$35.00 per meal. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Dan McKay</u>	On <u>8/4/05</u> Date	314-388-4400 Telephone Number

Name of Person Filing Daniel McKay	File Number U-
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Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Les Blaylock - Labor Relations Trade Name, if any: ABF Freight Systems P.O. Box, Bldg., Room No., if any Street 625 Parr Rd. City Wentzville State Missouri ZIP Code + 4 63385	7.a. Nature of Interest, Transaction, or Income. Meals and beverages for various union and company labor reps at monthly and quarterly grievance meetings under Article 20 of the NMFA (Union and Employer Cooperation). Amounts unknown but I would assume the meals were approx. \$35.00 per meal. 7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name John McGrath - Labor Relations Trade Name, if any: USF Holland P.O. Box, Bldg., Room No., if any Street 24 Gateway Commerce Center Dr. City Edwardsville State Illinois ZIP Code + 4 62025	7.a. Nature of Interest, Transaction, or Income. Meals and beverages for various union and company labor reps at monthly and quarterly grievance meetings under Article 20 of the NMFA (Union and Employer Cooperation). Amounts unknown but I would assume the meals were approx. \$35.00 per meal. 7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Joe Russom - Labor Relations Trade Name, if any: Roadway Express P.O. Box, Bldg., Room No., if any Street 205 Soccer Park Rd. City Fenton State Missouri ZIP Code + 4 63026	7.a. Nature of Interest, Transaction, or Income. Meals and beverages for various union and company labor reps at monthly and quarterly grievance meetings under Article 20 of the NMFA (Union and Employer Cooperation). Amounts unknown but I would assume the meals were approx. \$35.00 per meal. 7.b. Amount.

Name of Person Filing Daniel McKay	File Number U-
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Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Mike Reidy - Linehaul/Labor Manager Trade Name, if any: Roadway Express P.O. Box, Bldg., Room No., if any Street 205 Soccer Park Rd. City Fenton State Missouri ZIP Code + 4 63026	7.a. Nature of Interest, Transaction, or Income. Meals and beverages for various union and company labor reps at monthly and quarterly grievance meetings under Article 20 of the NMFA (Union and Employer Cooperation). Amounts unknown but I would assume the meals were approx. \$35.00 per meal. 7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Steve Miller - Labor Relations Trade Name, if any: Roadway Express P.O. Box, Bldg., Room No., if any Street 233 South 42nd St. City Kansas City State Kansas ZIP Code + 4 66106	7.a. Nature of Interest, Transaction, or Income. Meals and beverages for various union and company labor reps at monthly and quarterly grievance meetings under Article 20 of the NMFA (Union and Employer Cooperation). Amounts unknown but I would assume the meals were approx. \$35.00 per meal. 7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Name of Person Filing Daniel McKay	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Teamsters Local 600 Union Welfare Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 161 Weldon Parkway</p> <p>City Maryland Heights</p> <p>State Missouri ZIP Code + 4 63043</p>	<p>14.a. Nature of payment.</p> <p>Registration Fee for seminar November 11-17, 2005</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> ? or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>\$1,900</p>